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In re Patent Application of:

John C. Harvey and  
James W. Cuddihy

Application No.: 08/486,258

Attorney Docket No.:

5634.0357

Filed: June 7, 1995

Group Art Unit: 2699

Title: SIGNAL PROCESSING APPARATUS AND METHODS

Examiner: Faile, A.

**BOX: NON-FEE AMENDMENT**

Commissioner for Patents  
Washington, DC 20231

Transmitted herewith is an Amendment, and an Associate Power of Attorney in the above-identified application. Fees, if any, are calculated below:

| CLAIMS AS AMENDED                               |                                  |                                    |       |              |              |         |
|---|----------------------------------|------------------------------------|-------|--------------|--------------|---------|
|   | Claims Remaining After Amendment | Highest Number Previously Paid For | Extra | Rate         |              | Amount  |
|   |                                  |                                    |       | Large Entity | Small Entity |         |
| Number of Claims in Excess of 20                | *                                | 20                                 | 0     | \$ 18.00     | \$ 9.00      | \$ 0.00 |
| Independent Claims in Excess of 3               | *                                | 3                                  | 0     | \$ 84.00     | \$ 42.00     | \$ 0.00 |
| First Presentation of Multiple Dependent Claims |                                  |                                    |       | \$ 280.00    | \$ 140.00    | \$ 0.00 |
| Extension Fee:                                  | a) One Month                     |                                    |       | \$ 110.00    | \$ 55.00     | \$ 0.00 |
|   | b) Two Months                    |                                    |       | \$ 400.00    | \$ 200.00    | \$ 0.00 |
|   | c) Three Months                  |                                    |       | \$ 920.00    | \$ 460.00    | \$ 0.00 |
|   | d) Four Months                   |                                    |       | \$1440.00    | \$ 720.00    | \$ 0.00 |
|   | e) Five Months                   |                                    |       | \$1960.00    | \$ 980.00    | \$ 0.00 |
| Other:  |                                  |                                    |       |              |              | \$ 0.00 |
| <b>TOTAL FEE DUE</b>                            |                                  |                                    |       |              |              | \$ 0.00 |

- No additional fee is required.  
 A check in the amount of \$ \_\_\_\_\_ is attached.  
 Charge \$ \_\_\_\_\_ to Deposit Account No. 06-1075.  
 Charge any additional fees or credit any overpayment to Deposit Account No. 06-1075.

- Small Entity Status Claim:  
 is hereby requested.  
 is of record in this application.

Respectfully submitted,

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